MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22216

1. PLACE OF DEATH

County .... Registration District No. 791

Township .... Primary Registration District No. 1003 Isolation Hosp.

City St Louis Mo (No. .... St. .... Ward.

File No. ....

Registered No. 5992

2. FULL NAME Gerald Simpson

(a) Residence, No. 1507 80 39th St., 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1933

7. AGE YEARS 0 MONTHS 11 DAYS 18 If LESS than 1 day, ...hrs. or ......min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo (STATE OR COUNTRY)

FATHER

13. NAME Paul Simpson

14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Grace Garry 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mathews DATE June 18, 1934

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette

20. FILED 6-18-34 19 JUN 18 1934 J. J. Bakeck

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 19 34

22. I HEREBY CERTIFY That I attended deceased from June 14 19 34 June 17 19 34

I last saw her alive on June 17 19 34 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis

Date of onset 5-24

Bronchopneumonia

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury .... 19 ......

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) John Eschenbuener M.D.

(Address) ISOLATION HOSPITAL